

<i>SERFF Tracking Number:</i>	<i>CLBA-125438685</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Columbia National Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>CIG-AL-08-F02</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Interline</i>		
<i>Project Name/Number:</i>	<i>IPJ-305 (5-08) Policy Jacket/CIG-AL-08-F02</i>		

Filing at a Glance

Companies: Columbia National Insurance Company, Columbia Mutual Insurance Company

Product Name: Commercial Interline	SERFF Tr Num: CLBA-125438685	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: CIG-AL-08-F02	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Dennis McVay, Christina Walker, DeeDee Williams	Disposition Date: 02/05/2008
	Date Submitted: 01/22/2008	Disposition Status: Approved
Effective Date Requested (New): 05/01/2008		Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): 05/01/2008		Effective Date (Renewal): 05/01/2008

State Filing Description:

General Information

Project Name: IPJ-305 (5-08) Policy Jacket	Status of Filing in Domicile: Pending
Project Number: CIG-AL-08-F02	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 02/05/2008	
State Status Changed: 02/05/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing revised company form IPJ-305 (5-08) Policy Jacket, which we propose to use in all filed commercial lines of business listed below. This form replaces the currently filed and approved IPJ-305 (12-01) Policy Jacket. Please note we have merely changed the Secretary's signature on our policy jacket.

Businessowners

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Contractors Businessowners

Garage Businessowners

Commercial Auto

Commercial Package Policy

Commercial Property

Commercial Crime & Fidelity

Commercial Inland Marine

Commercial Umbrella

General Liability

Workers Compensation

Company and Contact

Filing Contact Information

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com
2102 White Gate Drive (573) 474-6193 [Phone]
Columbia, MO 65205 (800) 836-5713[FAX]

Filing Company Information

Columbia National Insurance Company	CoCode: 19640	State of Domicile: Nebraska
2102 White Gate Drive	Group Code: 807	Company Type: Stock
P O Box 618		
Columbia, MO 65205	Group Name: Columbia Insurance	State ID Number: 03
	Group	
(573) 474-6193 ext. [Phone]	FEIN Number: 47-0685688	

Columbia Mutual Insurance Company	CoCode: 40371	State of Domicile: Missouri
2102 White Gate Drive	Group Code: 807	Company Type: Mutual
P O Box 618		
Columbia, MO 65205	Group Name: Columbia Insurance	State ID Number: 03
	Group	
(573) 474-6193 ext. [Phone]	FEIN Number: 43-0790393	

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50 Columbia Mutual Ins. Co.
\$50 Columbia National Ins. Co.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia National Insurance Company	\$0.00	01/22/2008	
Columbia Mutual Insurance Company	\$100.00	01/22/2008	17605806

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/05/2008	02/05/2008

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Disposition

Disposition Date: 02/05/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal): 05/01/2008

Status: Approved

Comment: Form filings are only \$50 per filing. It does not matter how many forms or the number of companies you have.

You can use this overpayment of \$50 to go towards another filing. Please make reference of payment to this filing Serff number.

Thank You

Llyweyia Rawlins

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policy Jacket	Approved	Yes

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Form Schedule

Review	Form Name	Form #	Edition	Form Type	Action	Action Specific	Readability	Attachment
Status			Date			Data		
Approved	Policy Jacket	IPJ-305	5-08	Other	Replaced	Replaced Form #:0.00 IPJ-305 (12-01) Previous Filing #:		IPJ-305 (5-08).pdf



Home Office
2102 White Gate Drive
P.O. Box 618
Columbia, Missouri 65205
(573) 474-6193

SMITH, JOHN
000 SMITH AVE
ANYCITY XX 99999

YOUR INSURANCE POLICY

Coverage afforded by this policy is provided by the Company named in the Declarations

Pledge of Service and Satisfaction

The protection you have in this policy has been personally designed for your insurance needs.

Behind the policy stands not only the reputation of your Agent, but the integrity of a strong and experienced Company-both pledged to serve you.

If you should have any questions regarding coverage afforded by this policy, claims of any kind or questions concerning your other insurance needs, do not hesitate to call your Agent immediately.

We appreciate the confidence you have placed in us.

THIS POLICY JACKET WITH THE POLICY FORMS, DECLARATIONS PAGE AND ENDORSEMENTS,
IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE POLICY.

The following applies only if this policy is issued by one of the mutual insurance companies named below:


MEMBERSHIP AND VOTING NOTICE: By virtue of this policy, the Insured is a member of the issuing company named in the Declarations and is entitled to vote either in person or by proxy at any and all meetings of members of said Company.

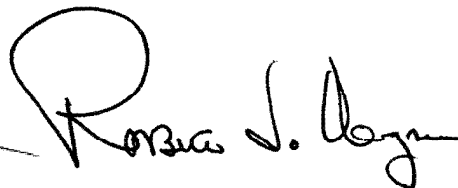
The annual meetings for the Columbia Mutual Insurance Company are held at its Home Office at Columbia, Missouri on the first Friday after the first Saturday in March at 10:00 A.M.

The annual meetings for the Citizens Mutual Insurance Company are held at its Home Office at Jackson, Missouri on the first Friday after the first Saturday in March at 11:00 A.M., or at such other place as may be designated by the Board of Directors.

PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY: No Contingent Liability: This policy is nonassessable. The policyholder is a member of the company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

In Witness Whereof, the Company has executed and attested these presents; but this policy shall not be valid unless countersigned by the duly authorized representative of this Company.


Secretary


Robert J. Dwyer President

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Approved	02/05/2008
Bypass Reason:	Please see the General Information and Form Schedule tabs.		
Comments:			